

1 LOCATION OF WATER WELL
 County: Iane Fraction: NW 1/4 SE 1/4 NW 1/4 Section Number: 32 Township Number: T 16 S Range Number: R 28 E(W)
 Distance and direction from nearest town or city? Shields, Kansas Street address of well if located within city? Unknown

2 WATER WELL OWNER: Calvin Wilson
 RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Shields, Kansas 67874 Application Number: _____

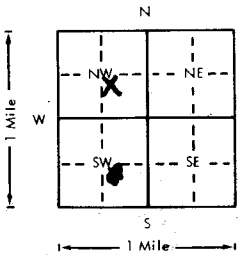
3 DEPTH OF COMPLETED WELL: 125 ft. Bore Hole Diameter: 9 in. to 125 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below)
 Well's static water level: 90 ft. below land surface measured on 11 month 7 day 1980 year
 Pump Test Data: NA Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 _____ _____ 7 Fiberglass _____ Threaded
 Blank casing dia: 5 in. to 105 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 1.75 lbs./ft. Wall thickness or gauge No. 214
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 _____ _____ _____ _____ 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 _____ _____ 7 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia: 5 in. to 125 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 105 ft. to 125 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 15 ft. to 90 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Drill Cuttings
 Grouted Intervals: From 15 ft. to 90 ft., From 4 ft. to 15 ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) _____
 Direction from well: South How many feet: 100 ? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes No
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 11 month 7 day 1980 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 232
 This Water Well Record was completed on 11 month 12 day 1980 year under the business name of Weishaar Drilling & Supply Inc. by (signature) [Signature]

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	27	Clay	27	37	Gyp
37	45	Clay	45	60	Sand Rock
60	68	Fine sand	68	77	Sand
77	81	Sand cemented	81	97	Sand
97	100	Fine Sand	100	105	Sand
105	107	Sand rock	107	110	Sand fine to medium
110	118	Clay	118	120	Shale & gravel
120	125	Clay Yellow	125		Shale

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 90 ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)
 INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY